

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 868322 RECEIPT DATE: 06 / 18 / 01  
IA NUMBER: PCT/ JP00 / 07715 IA FILING DATE: 10 / 16 / 00  
FAMILY NAME: MATSUEDA DELAY WAIVED (Y/N): Y  
GIVEN NAME: YOJIRO DEMAND RECEIVED (Y/N): N  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 10 / 18 / 99  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 109503 COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
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NAME: OLIFF & BERRIDGE  
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CITY: ALEXANDRIA  
STATE/COUNTRY: VA ZIP: 22320  
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PPLICATION TITLES:  
DISPLAY DEVICE

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

CONFIRMATION NO. 9116

<b>SERIAL NUMBER</b> 09/868,322	<b>FILING DATE</b> 06/18/2001 <b>RULE</b>	<b>CLASS</b> 349	<b>GROUP ART UNIT</b> 2674	<b>ATTORNEY DOCKET NO.</b> 109503
<b>APPLICANTS</b> Yojiro Matsueda, Chino-shi, Nagano-ken, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP00/07175 10/16/2000 Yes JN				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-294996 10/18/1999 Yes JN				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/15/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance JN		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 8		
<b>ADDRESS</b> 25944				
<b>TITLE</b> Display				
<b>FILING FEE RECEIVED</b> 1368	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	